



QUINOLONES PA SUMMARY

PREFERRED	Ciprofloxacin (IR tablets, ER tablets, injection), Cipro Suspension, Ofloxacin, Levofloxacin tablets, Levofloxacin D5W Premix injection
NON-PREFERRED	Avelox (tablets, injection), Avelox ABC, Factive, Levaquin (oral solution, injection), Levofloxacin (oral solution, injection), Noroxin

LENGTH OF AUTHORIZATION: 1 Month

NOTE: If levofloxacin oral solution or injection is approved, the PA will be issued for the same formulation of the brand-name product.

PA CRITERIA:

For Avelox tablets or Avelox ABC tablets

- ❖ Approvable for the diagnosis of complicated intra-abdominal infection
- OR
- ❖ Approvable for other diagnoses when physician submits documentation of the organism being resistant or not susceptible, contraindications, drug-to-drug interactions, or a history of intolerable side effects to levofloxacin.

For Avelox Injection

- ❖ Approvable if administered in a member's home by home health or in a long-term care facility

AND

- ❖ Member must be unable to take Avelox tablets

AND

- ❖ For diagnoses other than complicated intra-abdominal infection, physician should submit documentation of the organism being resistant or not susceptible, contraindications, drug-to-drug interactions, or history of intolerable side effects to levofloxacin injection (levofloxacin D5W premix).

For Factive

- ❖ Approvable when physician submits documentation of the organism being resistant or not susceptible, contraindications, drug-to-drug interactions, or history of intolerable side effects to levofloxacin.

For Levaquin injection (brand or generic)

- ❖ Approvable if administered in a member's home by home health or in a long-term care facility

AND

- ❖ Member must be unable to take levofloxacin tablets

AND

- ❖ Member must be unable to use levofloxacin in dextrose 5% solution for injection (premix)

AND



- ❖ Physician should submit documentation of the organism being resistant or not susceptible, contraindications, drug-to-drug interactions, or history of intolerable side effects to ciprofloxacin IV.

For Levaquin/levofloxacin oral solution

- ❖ Approvable for prophylactic use in infant or child members on neutropenic chemotherapy when the member requires a dose that cannot be delivered by strengths of tablets available or is unable to swallow solid dosage forms
OR
- ❖ Approvable when physician submits documentation of the organism being resistant or not susceptible, contraindications, drug-to-drug interactions, or history of intolerable side effects to Cipro suspension

AND

- ❖ Member must require a dose that cannot be delivered by the strengths of levofloxacin tablets available or is unable to swallow solid dosage forms.

For Noroxin

- ❖ Physician should submit documentation of the organism being resistant or not susceptible, contraindications, drug-to-drug interactions, or a history of intolerable side effects to at least 1 medication in each of the following groups: 1. Ciprofloxacin, Cipro suspension, Cipro IV; 2. Levofloxacin; 3. Ofloxacin.

QLL CRITERIA:

For Levofloxacin (Levquin)

- ❖ An authorization to exceed the QLL may be granted for the indication of chronic bacterial prostatitis.
- ❖ Otherwise, for an extension of therapy, the physician should submit faxed documentation of the culture and sensitivity report completed after an initial course of therapy showing an infection with sensitivity to levofloxacin.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage, including initiation of therapy with a non-preferred agent during hospitalization, are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:



- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.